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PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lines, James R. Atty. Docket: 86038.000090
Serial No.: 10/010,269 Examiner: McKinnon, Terrell L.
Filed: December 6, 2001 Art Unit: 3743
Title: HEAT EXCHANGER WITH INTEGRAL INTERNAL TEMPERATURE SENSOR

RESPONSE TO OFFICE ACTION MAILED DECEMBER 24, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office Action mailed December 24, 2003, the claims have been carefully reviewed. The claims have been amended to address typographical errors not related to patentability.



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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE3743
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FORM

(to be used for all correspondence after initial filing)

| | |
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| Total Number of Pages in This Submission | Application Number 10/010,269 |
| | Filing Date December 6, 2001 |
| | First Named Inventor Lines, James R. |
| | Art Unit 3743 |
| | Examiner Name McKinnon, Terrell L. |
| | Attorney Docket Number 86038.000090 |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
|---|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|--|
| Firm or Individual name | Brian B. Shaw, HARTER, SECREST & EMERY LLP |
| Signature | |
| Date | January 28, 2004 |

CERTIFICATE OF TRANSMISSION/MAILING

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| Type or printed name | Carol Austin | | |
| Signature | | Date | January 28, 2004 |

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